



California Department of Corrections and Rehabilitation
Office of Peace Officer Selection
for the Basic Correctional Officer Academy

Academy Check-In Questionnaire

Name: _____ SSN: _____

Since completing your Personal History Update, **HAVE YOU BEEN:**

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Cited or arrested for any vehicle code violation? If yes, explain. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Arrested or convicted of a felony or misdemeanor offense? If yes, explain. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Questioned, held on suspicion, cited or surrendered yourself to a law enforcement agency for any offense? If yes, explain. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Experimented with any drugs or narcotics without a doctor's prescription? If yes, explain. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Terminated, rejected on probation, or resigned under unfavorable conditions from any employment? If yes, explain. |

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that all statements and answers are true and correct. I further understand that any falsification or failure to answer all questions completely and accurately may be cause for denial of admittance to the Academy or Rejection of Probation as a peace officer with the Department.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

APPROVED: _____ DENIED: _____ DATE: _____

PRE-EMPLOYMENT MEDICAL DISCLOSURE UPDATE

CANDIDATE NAME (Last, First, Middle Initial)	SSN
Have you been under the care of a physician for a medical, vision and/or dental procedure, injury or illness for which you sought medical treatment since you cleared the Pre-Employment Medical with the Office of Peace Officer Selection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If marked yes above, please describe.	
I hereby certify that I have provided true and complete information concerning my health (Any misrepresentation or material omission may be cause for disqualification or dismissal).	
CANDIDATE SIGNATURE	DATE

TAKE TO STATION 2 AT ACADEMY CHECK IN

NAME: _____ DATE: _____
(Print) Last First Middle Institution

DECLARATION OF UNAUTHORIZED ITEMS

Pursuant to the California Penal Code, it is a violation of State Law to bring weapons, ammunition, and/or alcoholic beverages onto State Prison grounds. Other specified items listed below are also considered contraband at the Richard A. McGee Correctional Training Center (CTC) and must not be brought onto Academy grounds. If you have any of the following items in your possession, personal belongings, or in your vehicle at the time of your check in, **you must declare the items and relinquish them to the appropriate Academy personnel for proper storage.**

Alcoholic beverages shall not be retained but will be disposed of by the Academy personnel. Any stored items must be removed within 30 days of your departure from the Academy or it will be disposed of by the Academy personnel. Falsification of this form may be grounds for dismissal from the Academy or the CDCR.

PLACE A CHECK IN THE APPROPRIATE BOXES BELOW:

- Yes No
☐ ☐ Weapons of any kind (handguns, rifles, paint guns, pellet guns, gun replicas, stun guns, tasers, martial arts weapons, bows and/or arrows, side handle or straight batons, etc.).
☐ ☐ Knives of any kind or length including box cutters, razor knives, utility knives, machetes; any other item which has a knife blade.
☐ ☐ Ammunition of any kind (live rounds or casings included).
☐ ☐ Chemical agents (pepper spray, mace, Curb, etc.).
☐ ☐ Handcuffs or handcuff keys.
☐ ☐ Alcoholic beverages or illicit drugs of any kind.
☐ ☐ Scissors of any length.

I **DO NOT** HAVE ANY OF THE ABOVE LISTED ITEMS IN MY POSSESSION, LUGGAGE, **OR IN MY VEHICLE.**

Signed: _____ Date: _____

I **HAD** THE ITEMS, AS CHECKED ABOVE, IN MY POSSESSION OR VEHICLE AND SAID ITEMS HAVE BEEN CHECKED INTO THE ACADEMY PERSONNEL FOR STORAGE OR DISPOSAL.

Signed: _____ Date: _____

TO BE FILLED OUT BY ACADEMY PERSONNEL UPON RECEIPT OF UNAUTHORIZED ITEMS:

Items received for storage by: _____ Storage area: _____

I understand that the following item(s), which have been declared, cannot be stored on the Academy grounds. I authorize the disposal of said item(s): _____

Signed: _____ Date: _____

Disposed of by: _____ Date: _____

I acknowledge receipt of the item(s) declared above and further understand that this/these item(s) must be promptly removed from the Academy grounds:

Signed: _____ Date: _____

Item(s) returned to cadet by: _____ Date: _____

THE ABOVE LISTED ITEMS HAVE REMAINED UNCLAIMED FOR MORE THAN 30 DAYS, AFTER THE DEPARTURE OF THE ABOVE SIGNED, THEREFORE, THEY HAVE BEEN DISPOSED OF.

Disposed of by: _____ Date: _____

STATION 4

California Department of Corrections and Rehabilitation
Basic Correctional Officer Academy

Cadet Training Information – Cadet Appraisal Office

Date: _____

PRINT CLEARLY

Name: _____
Last First Middle

Date of Birth: _____/_____/_____
Month Day Year SSN: _____-_____-_____

Sex: Male ☐ Female ☐ Permanent Full-time ☐ PIE ☐

Ethnic Origin: White ☐ Black ☐ Pacific Islander ☐
Asian ☐ Hispanic ☐ American Indian ☐
Filipino ☐ Other ☐

Have You Ever Attended a Previous Academy Class? ____ If So When? ____

Class
Year

Institution that you are assigned to: _____

Cadet Address (**MUST BE A PHYSICAL ADDRESS, NO PO BOX!!**):

City State Zip Code

Home Telephone: () _____ Drivers License # _____

If your vehicle is on Academy grounds, please complete the following:

Vehicle License # _____ Is Your Vehicle Insured? Yes ☐ No ☐

Vehicle Identification _____
Year Make Model Color State

EMERGENCY NOTIFICATION INFORMATION - In Case Of Emergency, Please Notify:

Name: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

Did you leave other State employment to accept this position? If so, which Department? _____

If you did leave prior State employment, what was your job classification? _____

Firearms Experience: None ☐ Pistol ☐ Rifle ☐ Shotgun ☐ Other _____

Your Academic Level: No Previous College ☐ AA/AS Degree ☐

Some College, No Degree ☐ BA/BS Degree ☐

California Department of Corrections and Rehabilitation
Basic Correctional Officer Academy

EXPECTATIONS

I have received a copy of the Richard A. McGee Correctional Training Center Cadet Handbook. I understand what is required of me and agree to abide by all rules and regulations contained therein.

Cadet name clearly printed

Date

Cadet Signature: _____

Failure to abide by the Correctional Training Center or departmental rules and regulations may result in disciplinary action.

Memorandum

Date : February 19, 2013

To : Mike Beaber
Academy Administrator
Basic Peace Officer Institute
Office of Training and Professional Development

Subject: **COMMITTED RELATIVES AND FRIENDS OF EMPLOYEES IN THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION – CALIFORNIA CODE OF REGULATIONS, SECTION 3406**

3406 Committed Relatives and Friends of Employees.

If an employee becomes aware that any relative or person with whom the employee has or has had either a personal or business relationship, has been committed to or transferred to the jurisdiction of the department, the employee shall notify in writing, the employee's institution head or appropriate director/assistant secretary of that fact.

I am submitting this memorandum in accordance with California Code of Regulations, Section 3406 above.

Inmate(s) Full Name	Relationship	CDCR # if known	Institution

Additional information:

Cadet's Name (print):

Last

First

Middle

Cadet Signature

Date

Memorandum

Date : January 30, 2013

To : The Office of Training and Professional Development Staff
Guest Staff and Visitors
Basic Correctional Officer Cadets

Subject: **FRATERNIZATION POLICY**

The following Fraternization Policy Statement is effective immediately and supersedes all past Richard A. McGee Correctional Training Center (CTC) policies in regards to fraternization.

Fraternization is defined as any association between staff and cadets that could be viewed as, or possibly lead to, preferential treatment toward the cadet prior to their graduation from any CTC Academy (refer to Department Operations Manual, Section 33010.25, Nepotism/Fraternization, and California Code of Regulations, Title 15, Section 3391, Employee Conduct). Staff includes all permanent and guest staff assigned to the Academy regardless of classification.

Fraternization between staff and cadets is strictly prohibited. Conduct must be kept at a professional level at all times. Staff and cadets will not engage in any social exchange or conduct of a personal nature or conduct which could be viewed as personal in nature, either on- or off-duty.

Examples of violations are as follows: dinner off-grounds together, drinking together, dancing together, and/or accepting rides in personal vehicles.

Staff are required to notify their respective Academy Manager, via a memorandum, if any relative, friend, or acquaintance will be, or are currently, attending an Academy at the CTC. Failure to adhere to this policy may result in adverse action that includes, but is not limited to, a formal reprimand or dismissal. Upon assignment to the CTC, all staff are required to sign a Statement of Compliance to this policy.



M. Beaber
Academy Administrator
Correctional Training Center

STATEMENT OF COMPLIANCE

I have been given a copy of the Fraternization Policy and am aware of its contents.

(Print) Last Name

First Name

Signature

Date



Richard A. McGee Correctional Training Center
9850 Twin Cities Road
Galt, CA 95632

Dear Cadet:

The Richard A. McGee Correctional Training Center is an institutional setting. Inmates from Mule Creek State Prison are part of the daily work crews.

It is your responsibility to maintain a heightened sense of awareness at all times, and to follow all rules, regulations, and directives of Academy staff. Bringing the following unauthorized items onto Academy grounds jeopardizes the safety and security of this institution, and will result in disciplinary action, up to and including rejection on probation. The following items are not allowed inside the facility at anytime: Cellular telephones, audio/visual recording devices of any kind, and cameras are strictly prohibited.

I have read and understand that cellular telephones, audio/visual recording devices, and cameras are not allowed inside these facilities. I understand that bringing these items into the facilities jeopardizes safety and security of the institutions. I understand that bringing these items into the institutions will result in rejection on probation. I also understand that leaving these items in an unsecured vehicle will also result in disciplinary action, to include rejection on probation.

Cadet Name Printed

Cadet Signature

Date

CALIFORNIA STATE PERSONNEL BOARD
STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE

(For All New Hires and Rehires)
 SPB 1070, State Employee Race/Ethnicity Questionnaire (5/03)

DATE: _____

INSTRUCTIONS:

All new/rehired employees are requested to voluntarily self-identify their race/ethnicity and gender in order to monitor and evaluate the provision of equal employment opportunity and non-discriminatory employment practices within the State civil service. If you do not provide this information, the department will make the designation for you based on visual identification. Complete the form promptly and return it to your Department Personnel Office with your other hiring documents. (Do Not Return to the State Personnel Board)

DEPARTMENT NAME	EMPLOYEE'S NAME <i>(print)</i>	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Please check one or more of the boxes below that best describes your race/ethnicity heritage and enter the indicated letter(s): _____

If Hispanic check below:

Racial Groups

If Asian, check below:

If Pacific Islander, check

[Note: Hispanic does not include persons of Portuguese or Brazilian origin or persons who acquire a Spanish surname.]

E. ☐ White

I. ☐ Japanese

P. ☐ Hawaiian

F. ☐ Black/African American

J. ☐ Chinese

Q. ☐ Samoan

A. ☐ Mexican, Mexican/American, Chicano

G. ☐ Filipino

K. ☐ Korean

R. ☐ Guamanian/
Chamorro

B. ☐ Puerto Rican

H. ☐ American Indian/Nat American

L. ☐ Vietnamese

T. ☐ Other Pac Islander

C. ☐ Cuban

N. ☐ Eskimo

M. ☐ Asian Indian

D. ☐ Any Other Spanish/Hispanic

O. ☐ Aleut

S. ☐ Other Asian

X. ☐ Other Racial Group

Please check the method of identification

☐ Self-identification

☐ Department Identification [This is only used if the employee does not self-identify.]

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

EMPLOYEE SIGNATURE

DATE

SIGNATURE OF DEPARTMENT REPRESENTATIVE
 APPROVING EMPLOYEE IDENTIFICATION

DATE

PRIVACY STATEMENT

AGENCY NAME:

The State Personnel Board is responsible for this form.

UNIT RESPONSIBLE
 FOR FORM MAINTENANCE

The Personnel Office of the employing department is responsible for maintaining this form.

AUTHORITY

Collection of race/ethnicity and gender information on state employees is authorized pursuant to Government Code Section 19792(h), which requires the State Personnel Board to "Maintain a statistical information system designed to yield the data and the analysis necessary for the evaluation of equal employment opportunity programs in the state civil service."

The data is encoded by the department Personnel Office and becomes part of the Employment History System kept by the State Controller's Office. It is shared only with the State Personnel Board and the employing department and may be used only for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

EFFECT OF NOT PROVIDING
 THE INFORMATION

If you fail to self-identify, another method of identification will be used by the State Personnel Board, since Government Code Section 19792 requires the collection of race/ethnic origin for all employees.

SOCIAL SECURITY NUMBER

Providing your Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). If you do not provide your Social Security Number, however, your race/ethnicity and gender information may not be accurately tabulated and included in your department's workforce statistics.

ACCESS

You may access your records through your departmental Personnel Office.